

## **1. Roles and Responsibilities**

The Divisions within FSSA and other entities involved in the day-to-day operation, and/or the oversight of the Waiver are:

### **1.1 The Centers for Medicare and Medicaid Services**

The Centers for Medicare and Medicaid Services (formerly the Health Care Financing Administration) under the U.S. Department of Health and Human Services is the Federal agency that administers the Medicare and Medicaid programs which provide health care to the aged and indigent populations. (In Indiana, the Medicaid program serves indigent families, children, pregnant women, senior citizens, persons with disabilities, and persons who are blind.)

To provide home and community based Medicaid services as an alternative to institutional care, a state submits to CMS, a request to "waive" the Social Security Act requirement that comparable services must be offered statewide to all Medicaid recipients. (Section 1915c of the Social Security Act allows this waiver of Medicaid requirements.) CMS reviews all waiver requests/applications, renewals, amendments, and financial reports. Additionally, CMS performs management reviews of all HCBS Waivers to ascertain their effectiveness, safety, and cost-effectiveness. The Support Services Waiver will receive its first management review in 2004, prior to its first expiration in 2005. It will be reviewed by CMS every five years thereafter.

CMS requires states to assure that federal requirements for waiver service programs are met and verifies that the states' assurances in their waiver program are being upheld in their day to day operation.

### **1.2 The Division of Disability, Aging, and Rehabilitative Services (DDARS).**

The Bureaus within DDARS that work directly on the development and operation of the Support Services Waiver are: the *Bureau of Developmental Disabilities Services (BDDS)*, the *Bureau of Fiscal Services (BFS)*, the *Bureau of*

*Quality Improvement Services (QIS), the Bureau of Aging and In-Home Services (BAIHS), and the DD Ombudsman (part of BAIHS).*

#### **1.2.1 The Bureau of Developmental Disabilities Services (BDDS)**

BDDS has statutory authority over state programs for persons with developmental disabilities and assists with the development of policies and procedures for Indiana Medicaid waivers that serve persons with developmental disabilities.

#### **1.2.2 The Bureau of Fiscal Services**

The Bureau of Fiscal Services assists with the development of policies and procedures for waivers in Indiana which serve persons with developmental disabilities. The DD Waiver, Support Services Waiver and the Autism Waiver Specialists are employed by this Bureau.

#### **1.2.3 The Bureau of Quality Improvement Services (BQIS)**

QIS provides technical support to all offices in DDARS to assist with the implementation of quality improvement systems and provides technical support to all offices in DDARS to assist with the implementation of quality improvement processes. The Quality Monitors, located in BDDS Regional Offices, work under BQIS.

#### **1.2.4 The Bureau of Aging and In-Home Services (BAIHS)**

The certification of most service providers to provide Medicaid Waiver services is accomplished by a BAIHS staff member. BAIHS additionally provides quality assurance procedures through the Quality Improvement Program (QIP).

#### **1.2.5 DD Ombudsman**

The DD Ombudsman receives, investigates, and assists in the resolution of complaints and concerns that are made by or on behalf of an individual who is

developmentally disabled and receives services under a Medicaid Waiver.

### **1.3 The Office of Medicaid Policy and Planning (OMPP)**

The Office of Medicaid Policy and Planning has the ultimate responsibility to oversee HCBS waiver programs. Although DDARS operates the waiver program, OMPP exercises administrative discretion in the administration and supervision of policies, rules, and regulations related to the waiver. In certain cases, OMPP must review/approve the level of care for Support Services Waiver eligibility (see Initial Level of Care Determination, page 7-2). OMPP approves any waiver report, application, or amendment prior to submission to CMS. Additionally, OMPP is active in the development of quality assurance functions.

#### **1.3.1 Electronic Data Systems Corporation (EDS)**

EDS is the Indiana Medical Assistance Programs contractor. All bills for Medicaid Waiver services are submitted and paid through EDS. Additionally, OMPP has contracted EDS to perform audits of Medicaid waiver service providers to assure that services provided are appropriately reimbursed and properly documented.

### **1.4 Intake Targeted Case Management**

The two possible providers of intake case management services for persons with developmental disabilities are: 1) Area Agencies on Aging (AAA); and Bureau of Developmental Disabilities Services District Offices (BDDS).

#### **1.4.1 Area Agencies on Aging (AAAs)**

Sixteen local AAAs have the responsibility to screen individuals who are seeking placement in a nursing facility. Additionally, AAAs act as the point of entry for a number of community-based programs. As the gatekeeper for certain institutional settings (i.e. nursing facilities), as well as community-based services, the AAAs have been a likely entry point for persons with developmental disabilities who are at risk of

institutionalization and seeking community-based care. AAAs have been the single point of entry for the ICF/MR Waiver in the past; however, the local BDDS offices have now been added as a location where intake case management is available for persons with developmental disabilities and a number of the AAAs no longer perform intake case management for the Medicaid Waiver programs for persons with developmental disabilities. The AAAs that provide intake case management are Area 2, Area 3, Area 4, Area 5, Area 7, Area 9, Area 10, Area 11, Area 15, and Area 16. Applicants in Areas 1, 6, 8, 12, 13, and 14 must apply for the Support Services Waiver at the local BDDS office.

#### **1.4.2 The Bureau of Developmental Disabilities (BDDS)**

Nine local BDDS offices have the statutory authority to determine an individual's eligibility for developmental disability services by establishing that the individual has a developmental disability according to the state definition. (While participating AAAs are a point of entry for the Support Services Waiver, the AAA must obtain a decision from the BDDS office that the individual qualifies as an individual with a developmental disability in order to continue the process of determining eligibility for Medicaid waiver services.) Effective October 1, 2001, the local BDDS office is an additional point of entry and provider of intake case management.

#### **1.5 Ongoing Targeted Case Management \***

There are three (3) entities that may provide ongoing case management: 1) Area Agencies on Aging (AAAs); 2) independent entities; and 3) community developmental disability service provider agencies.

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\* Case management agencies will be certified by DDARS. Individual case managers will be certified by the agencies that employ or contract them.

### **1.5.1 Area Agencies on Aging (AAAs)**

After it has been determined by the AAA or BDDS office that a Medicaid recipient has a developmental disability, meets eligibility criteria for the Support Services Waiver, and chooses to receive waiver services, the individual may choose a case manager employed by the AAA to provide ongoing Targeted Case Management.

### **1.5.2 Independent Entities**

After it has been determined by the AAA or BDDS office that a Medicaid recipient has a developmental disability, meets eligibility criteria for the Support Services Waiver, and chooses to receive waiver services, the individual may choose an independent case manager, or an independent agency that employs qualified case managers, to provide ongoing case management.

### **1.5.3 Community Developmental Disability Service Provider Agencies**

After it has been determined by the AAA or BDDS office that a Medicaid recipient has a developmental disability, meets eligibility criteria for the Support Services Waiver, and chooses to receive waiver services, the individual may choose a Community Developmental Disability Service Provider agency that employs qualified case managers to provide ongoing case management with the following exceptions:

- a) The specific case manager shall not provide other DD services to the same individual; and
- b) The individual is not served by BDDS Residential Services money in a 24-hour setting (not including Residential Living Allowances).

## **1.6 Division of Family and Children**

The local Division of Family and Children office of the Family and Social Services Administration, has the responsibility to determine an individual's eligibility for Medicaid. Applicants

must meet categorical (aged, blind, or disabled) financial, and non-financial eligibility requirements. (See Section 2.1 for more information.)

### **1.7 Service Providers**

Service providers are agencies, companies, and individuals paid by Medicaid or other funding source to provide direct services to Medicaid waiver program participants. Service providers may be Adult Day Service facilities, community developmental disabilities agencies, community mental health centers, occupational therapists, psychologists, nurses, nutritionists, family members, public/private transportation providers, etc.